

PRACTICE GUIDELINE

Effective Date: 4-17-06

Manual Reference: Deaconess Trauma Services

TITLE: ROLE OF TRAUMA SERVICES: ADMIT VS. CONSULT

PURPOSE: To identify the role of Trauma Services. To identify those patients required to be admitted or consulted by Trauma Services.

GUIDELINES:

- I. Trauma Services Admission:
 - A. All Category I & II trauma activations that require admission to the hospital will be admitted to Trauma Services. If trauma is not the primary reason requiring admission, the trauma surgeon may sign off the case to another physician agreeing to become the attending. This must be documented in a note in the patient's chart.
 - B. Any burn patient regardless if associated with mechanism of injury, admitted to Deaconess Hospital should be admitted to a trauma surgeon or have a consult to a trauma surgeon or plastic surgeon. When deemed necessary by trauma surgeon, plastics will be consulted.
 - C. All pediatric trauma patients (14 years or less) admitted to the hospital that are Category I trauma activations will be admitted to Trauma Services with a pediatric intensivist consultation at the trauma surgeon discretion.
 - D. All obstetrical trauma patients requiring further evaluation from the trauma surgeon will be admitted to the hospital and call placed to OB ED physician for further guidance on testing and interventions needed. Qualified nursing personnel will be required to come from the Women's Hospital to be a resource at the patient's bedside as deemed necessary by physicians (See OB guideline)
 - E. Trauma admission orders should be completed on **ALL** trauma patients admitted to Trauma Services.

- II. Trauma Surgeon Consult:
 - A. A trauma consult may be ordered if a trauma patient is not admitted to trauma services, but still requires consultation by a trauma surgeon. Trauma patients should be admitted to a surgical service if trauma is the reason for admission. Medicine admits are reviewed and tracked to stay under 10% in a rolling calendar year.
 - B. If the trauma surgeon is consulted, the surgeon will assess the patient within 6 hours of notification of the consult.
 - C. Injured patients who merit a consult should be referred to the trauma surgeon on call. This trauma consult should be entered into EPIC under IP Consult to Trauma Services, so it is placed on the trauma surgeon's rounding list. A phone call is required to the Evansville Surgical Associate's (ESA) call center so the trauma surgeon on call will be notified of the consult. Most importantly, whoever makes that call **MUST** put the time they called in the smart text within the order, within the provider notification screen, or on the ED consult summary. This entry should

also include which surgeon they called so Trauma Service's department can track the surgeon's time as part of their quality improvement.

- III. Trauma patients who require a consult may be referred to the surgeon as follows:
 - A. The Emergency Physician or admitting physician will contact the trauma surgeon on call for any injured patient that presents to Deaconess Hospital who has not had a trauma team activation, whom however, after presentation to the ED, merits further evaluation by the trauma surgeon.
 - B. The ED documentation will reflect the time and routine status of the call to the trauma surgeon, and the time of arrival of the surgeon. This will be documented on the trauma admission orders for all Category I & II trauma activations in the ED.
 - C. If the injured patient requires admission, the patient will be placed under the Trauma Center admission type, which will require the patient to be admitted by a surgical service.
 - D. It is recommended that this patient's family physician be consulted as a courtesy and to consult if deemed necessary by the trauma surgeon. This has been included on the trauma admission orders. Admission by non-surgeons is a performance improvement indicator that is tracked by the Trauma Services department as part of the performance improvement and patient safety program.
 - E. During trauma rounds, if a trauma patient's injuries/criteria warrant a trauma surgeon's evaluation/consult, the Trauma Performance Improvement Nurse will discuss with the Trauma Medical Director and/or the Trauma Program Manager to determine next steps (i.e. request consult from admitting service).

- IV. Direct Admit Trauma Patients:
 - A. Patients that have experienced injuries < 24 hours should be admitted through the ED to Trauma Services.
 - B. Patients who bypass the ED as a direct admit and are admitted for a traumatic injury that meets trauma activation criteria or consultation criteria, will require the Admitting Physician to consult Trauma Services. At this point, the trauma surgeon would obtain permission from the primary/attending physician to follow this patient's care. This patient's chart will be marked for "screening" to determine appropriateness of admission services.
 - C. The Admitting Physician shall document a Trauma Consult and speak to the trauma surgeon on call. (The name of the surgeon on call can be accessed by contacting the Emergency Department).

REFERENCES:

- Deaconess Hospital P&P 30-03, Patient Room Preparation and Bed Assignment.
- Deaconess Hospital P&P 40-06, EMERGENCY MEDICAL TRANSFER AND ACTIVE LABOR (EMTALA) GUIDELINES.
- Deaconess Trauma Guideline Manual, RESUSCITATION ROLE ASSIGNMENT.

REVIEWED DATE	REVISED DATE
JAN 07	JAN 08
OCT 11	AUG 16
AUG 14	
JAN 17	
JAN 18	
JAN 19	